

## ASU Online Certification

### Application for Online Certification Admission

Albany State University

Albany, Georgia 31705



### Applicant Information

Last Name  First Name  Initial

Indicate all other names used on official records

Address (all correspondence will be sent to the mailing address)

Permanent Home Address

Address  Home Number

City  State  Zip Code  Business Number

Country  Email Address  Mobile Number

Mailing Address (if different)

Address

City  State  Zip Code

Country

Course Option:

☐ Full Program (\$3,000)  
includes internship

☐ Module 1 (\$300)

☐ Module 2 (\$300)

☐ Module 3 (\$300)

☐ Module 4 (\$300)

☐ Module 5 (\$300)

☐ Module 6 (\$300)

☐ Module 7 (\$300)

☐ Module 8 (\$300)

Method of Payment:

Cash ☐

Money Order ☐

Check ☐

Business Office Fax # to submit payments: (229) 430-3853

**CREDIT CARD POLICY:** If paying by credit card, go to [online.asurams.edu](http://online.asurams.edu) and download the pay by credit card form. Fax the form to (229) 430-3853.

**REFUND POLICY:** If a class is cancelled for any reason, we will refund 100% of your registration fee. All other refunds must be requested before noon on the first-class meeting date. Refunds requested after the first class meeting are subject to a processing fee. Please allow 4-6 weeks to process refunds.

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I understand that as an ASU Online Campus student I am not required to submit immunization records. This is with the assumption that I will not be attending classes on the ASU Main Campus.

I certify that the information provided on this application is true to the best of my knowledge, and understand that omission or misrepresentation of facts or failure to furnish information to Albany State University will invalidate consideration of this application. If my application is accepted and I become a student, I agree to abide by the published regulations of the University and the policies of the Board of Regents of the University System of Georgia.

Applicant Initials

Date \_\_\_\_\_

**To send by mail, please print application form and sign**

**Mailing Address: Albany State University  
Attention: Coordinator Biomedical Forensic Science  
program  
Criminal Justice Building  
504 College Drive  
Albany, Georgia 31705**

**OR**

**Scan and send via email to  
[Uzoma.okafor@asurams.edu](mailto:Uzoma.okafor@asurams.edu)**

By submitting this application electronically, you certify that the information given in this application is accurate and complete to the best of your knowledge.

(click the "Submit by Email" button at the top of the first page of this application to submit electronically)